

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/5324105

FILING DATE

APPLICANT(S)

2/9/06 CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						1
3						1
4						3
5						3
6						3
7						3
8						3
9						3
10						3
11						3
12						3
13						3
14						3
15						3
16						3
17						3
18						3
19						3
20						3
21						3
22						1
23						1
24						1
25						1
26						1
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32						
33						1
34						1
35						2
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50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						